Louisiana Tech University

Recommendation of the High-Ability Student

Category Applying For: ☐ Concurrent Admission ☐ Early Admission

Name _____
Last *First* *Middle*

Address _____
Street or P.O. Box

_____ _____ _____
City *State* *Zip*

Social Security Number _____

Enrolling Quarter: ◯ Fall ◯ Winter ◯ Spring ◯ Summer

Enrolling Year: _____

High School Attending _____

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To be completed by High School Principal

ACT Composite _____ SAT Composite _____

High School Grade Point Average _____

Recommendation Statement _____
_____
_____
_____
_____

_____ _____
Principal *Director of Admissions*